



PATIENT

Max Gilchrist

PRESENTING CLINICAL SIGNS

Dog has been on chronic prednisone for bronchitis. Showed mild anemia on recent labs. Has hx of chronic dermatitis, likely atopy also. Currently only med is prednisone 5mg twice weekly

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: HCT 27 two weeks ago, 35 this week. Retics high. ALP 594, mild proteinuria. Aside from skin allergies PE unremarkable.

BREED

Cocker Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

SEX

Neutered Male

Prostate is normal in size, echotexture and echogenicity for a neutered male.

AGE

12 Years

The right kidney is normal in size (5.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

29 Pounds

The left kidney is normal in size (5.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The areas of both adrenal glands are examined without evident pathology.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Reser

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 3.0 cm x 4.0 cm primarily solid, homogeneous, iso- to slightly hypoechoic mass is noted in the deep liver near the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion.

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REFERRING VET

Dr. Reser

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

9/21/22

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



PATIENT	per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Max Gilchrist	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	Pancreas
BREED	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
Cocker Spaniel	Free Abdomen
SEX	There is no evidence of free peritoneal effusion noted in these images.
Neutered Male	The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
AGE	PRIMARY FINDINGS
12 Years	<ul style="list-style-type: none"> Homogeneous, iso- to slightly hypoechoic liver mass – Differentials include primary but benign hepatic neoplasia such as an adenoma or hepatoma versus well differentiated malignant hepatic neoplasia such as a hepatocellular carcinoma. Infiltrative round cell neoplasia is possible but considered less likely. Other benign differentials such as nodular hyperplasia, etc. are also possible and cannot be definitively ruled out without tissue sampling. The mass is not cavitated and likely not bleeding.
WEIGHT	SECONDARY FINDINGS
29 Pounds	<ul style="list-style-type: none"> Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	Given this patient's reported workup for mild anemia and chronic steroid administration, considerations include possible microulceration from chronic Prednisone, and empirical antacid therapy could be added to current treatment course.
IMAGING PERFORMED BY	While the appearance of the liver lesion trends toward benign, a fine needle aspirate of the liver mass could be considered as well, if patient's coagulation status is appropriate.
Dr. Reser	Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
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BREED

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Neutered Male

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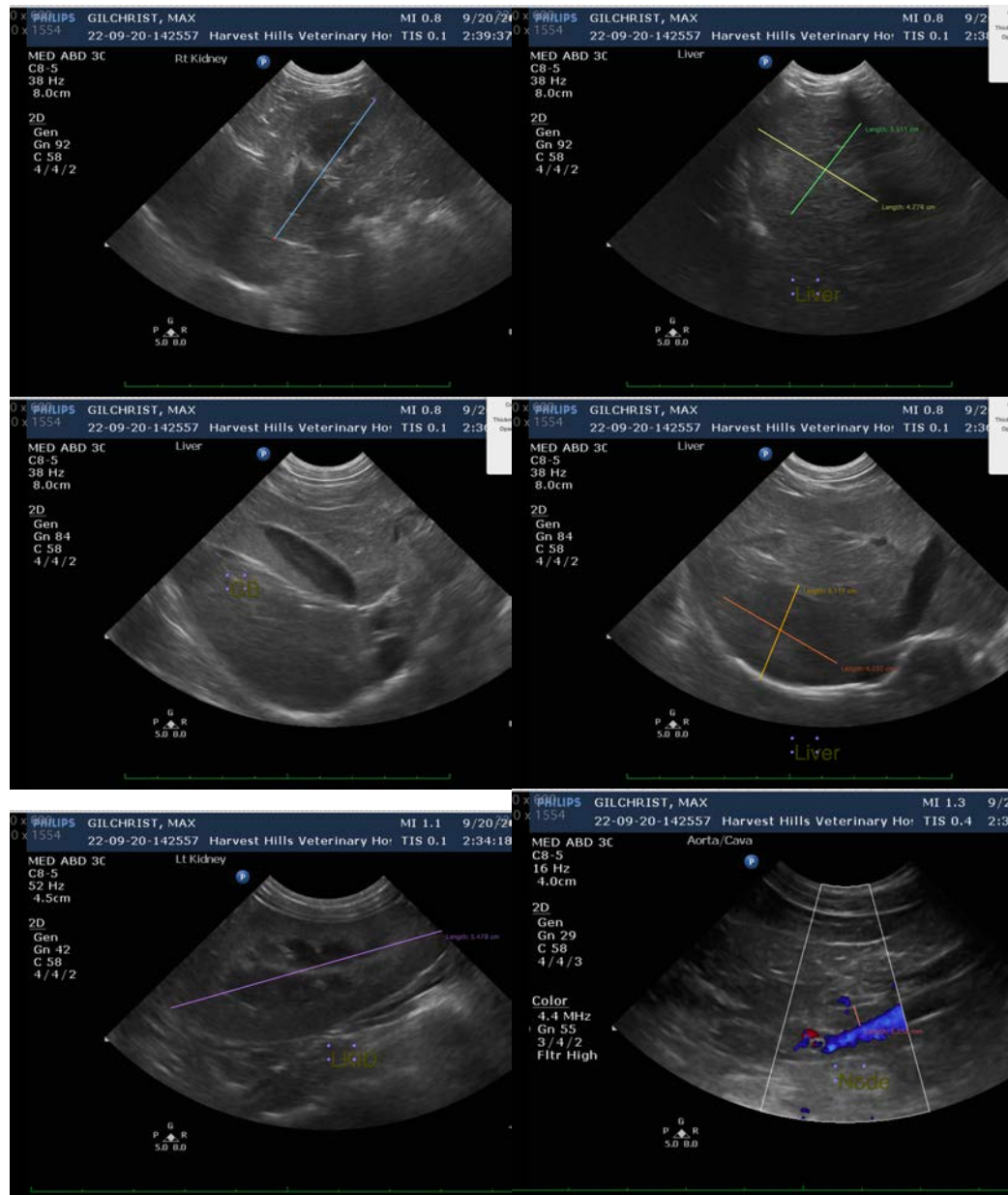
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com